



YORK ST JOHN UNIVERSITY: SHORT-TERM STUDY VISA DECLARATION

SURNAME		FORENAME(S)	
DATE OF BIRTH		NATIONALITY	
LEAVE TO ENTER ACTIVATION DATE			
PASSPORT NUMBER			
VISA START AND END DATES			
Please state below the institution visited, full title of course, dates & duration studied			
<i>Institution:</i>		<i>Institution:</i>	
<i>Full Title of Course:</i>		<i>Full Title of Course:</i>	
<i>Dates Studied:</i>		<i>Dates Studied:</i>	
<i>Duration:</i>		<i>Duration:</i>	
<i>Institution:</i>		<i>Institution:</i>	
<i>Full Title of Course:</i>		<i>Full Title of Course:</i>	
<i>Dates Studied:</i>		<i>Dates Studied:</i>	
<i>Duration:</i>		<i>Duration:</i>	
Signature of Student:		Date:	

By signing this declaration, you are abiding by the rules, regulations & conditions set by the UK Home Office under the provision of a 6 month short term study visa. Proven fraudulent declarations will affect any future decisions UKVI will make.